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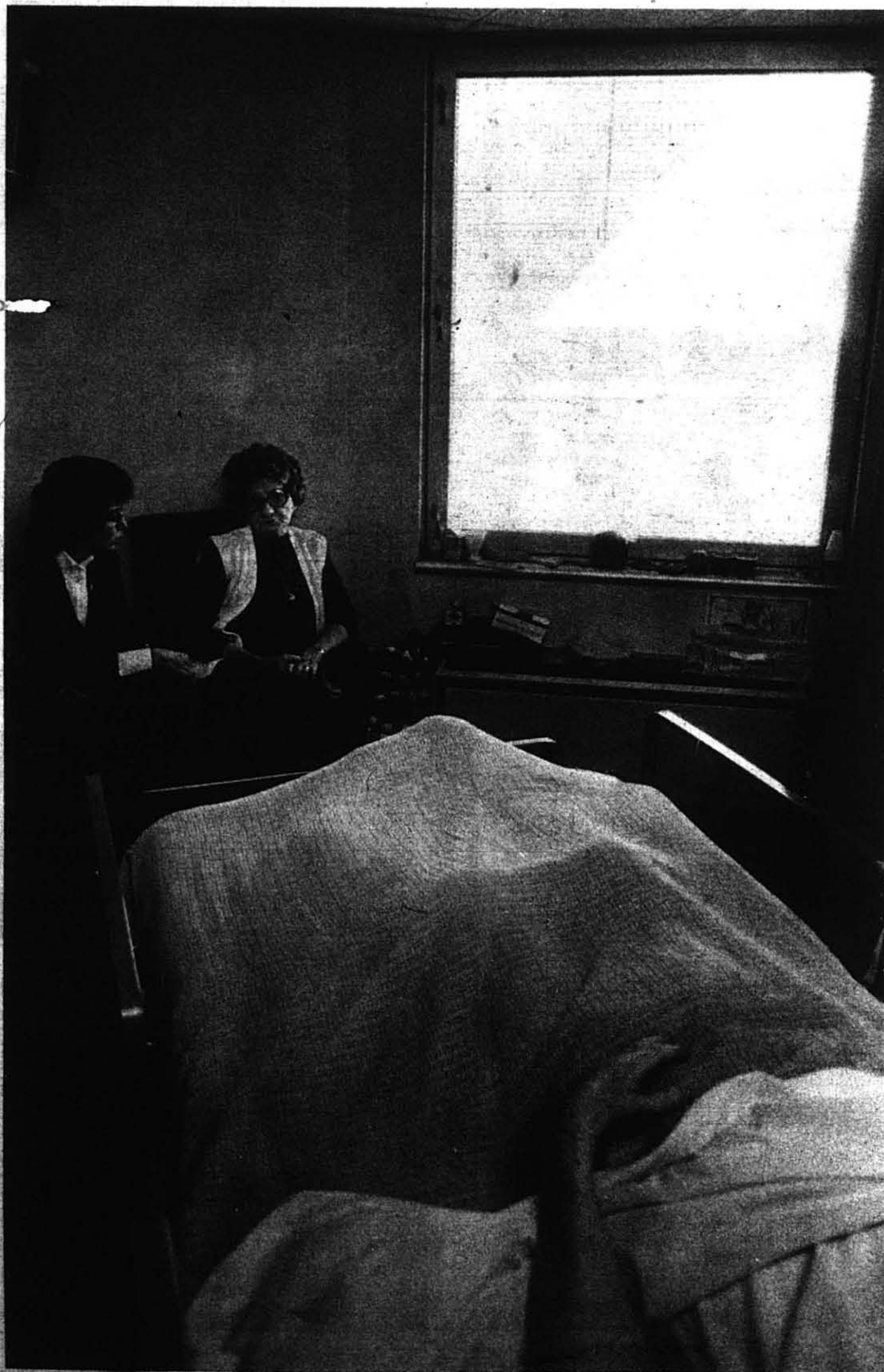
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Magazine

THE TWO-WEEK SEMESTER, AN ESSAY • DEAN NASON — A SOCIAL AWARENESS



Being With



HOSPICE OF BOWLING GREEN

Story by Cyndi Mitchell

Photos by Jim Gensheimer

A thick silence fills the hospital room where William Henry Miller sleeps. A light blue blanket covers the swollen body of the 73-year-old man who had raised six children, worked countless years and been married for 50 when doctors told him he would die of cancer.

His wife, Pearl, keeps vigil in a vinyl chair at the foot of his bed — an afghan of bright colors spills off her lap and onto the floor as she crochets another section of green.

She talks willingly, but sadly, about how she has accepted his dying and about how two hospice volunteers, Judy Dobernic and Sunny Kagan, have made the inevitable end more bearable.

"Until you get into a situation like this, you don't realize how much someone like Judy or Sunny can help. . . . Just having somebody that cares. There's no telling how many people told me they'd do anything to help, but there's nothing they can do."

"I just need someone to talk to."

Sunny works at The Medical Center at Bowling Green and can drop in at a whim. And at least every other day — usually on her lunch hour — Judy comes to the room to listen and talk.

"Henry," she says softly as she takes his limp hand, "how are you doing? It's me, Judy." As he opens his eyes and turns his head toward her, Mrs. Miller stoops to give a playful wave. He shuts his eyes again.

Judy lifts the blanket and checks the tubes and sacks that act for his cancer-ridden bladder. She talks soft-

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HERALD Magazine

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During the "two-week semester," into which
a whole semester's class work is crammed,
the writer wonders whether an education is worth the
trouble.

Essay by Sharon Wright. Illustration by Carolyn Allen.

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Our cover story about Hospice of Bowling
Green — and how it helps terminally ill
patients and their families — continues on page 4.

Story by Cyndi Mitchell. Photos by Jim Gensheimer.

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Dean Nason's job as a counselor on the
Comprehensive Care Center's Help Line is
appropriate. The social service he does others reflects
the social consciousness he feels himself.

Story by Erica Smith. Photos by Kim Kolarik.

On the cover, Judy Dobernic, who has been a
nursing volunteer since hospice began its service a year
ago, discusses a doctor's recommendations with Pearl
Miller. Mrs. Miller's husband, Henry, is dying of cancer.

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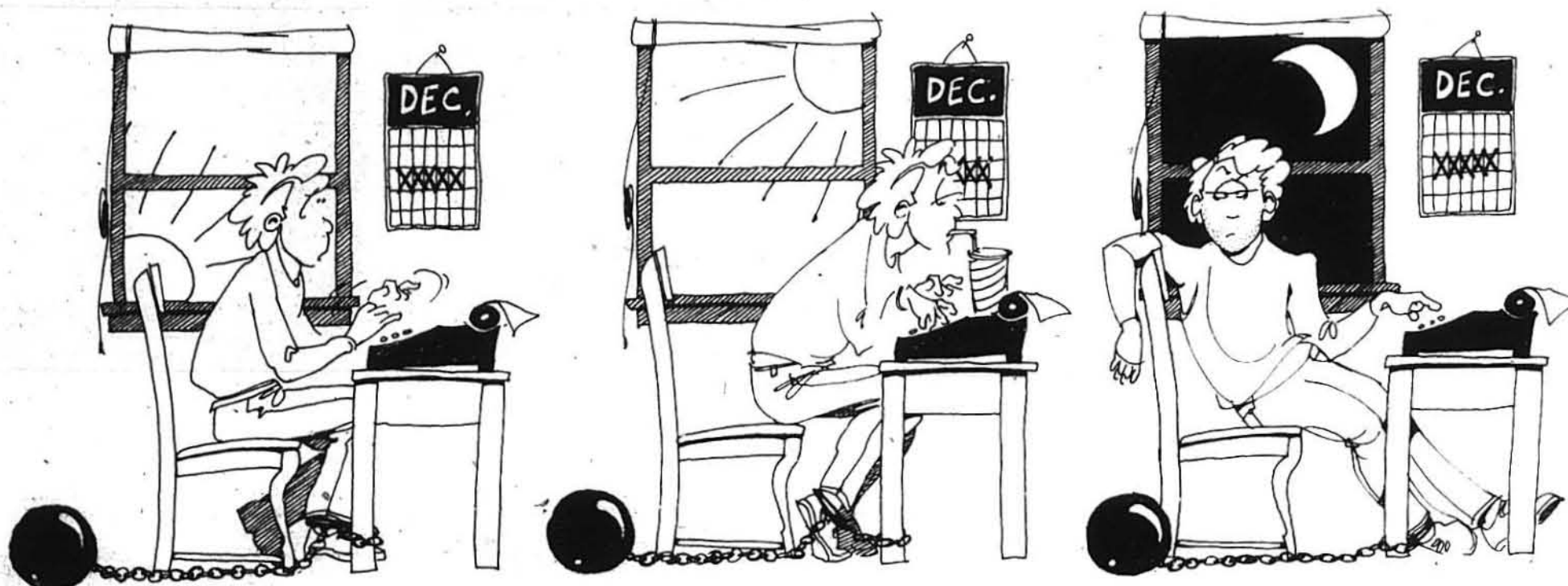
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The two-week semester



Cartoon by Carolyn Allen

Will it ever end?

Essay by Sharon Wright

December can be a sobering experience — especially for college students.

It has a way of making us realize how quickly time flies — how few chances we have left to redeem a semester's worth of sloughing off, procrastination, of good intentions unfulfilled.

It's what turning 40 must be like.

As long as it's not December, there's a cushion between just going to a class and actually having to earn a grade in it. The term papers, the final projects — they always seem too far away to worry about.

Until, at the earliest, last week.

The library — a tomb all semester — is now stacked almost as deep with students as it is with books. It's what at least one professor has called the two-week semester.

But somewhere among the note cards, there's a lot of self-reflection going on, at least in my mind. A lot of wondering whether an education is worth the trouble.

It began one night over dinner, when people started swapping stories about how things are piling up. It ended in a typewriting marathon where I had no concept of night or day.

A week ago there were few of the tennis games and parties, crowded sidewalks and screeching tires common to the year's last wave of Indian Summer. It had the disconcerting quality of an empty house where the television and lights are still on and a pot boils on the stove and a cigarette is burning.

That kind of thing happens during the two-week semester. Sometimes, I'll kill a whole hour in front of the typewriter, wondering if I did.

I'm told there are people who never experience the trauma of finishing a semester's work in two weeks.

I've never known one personally, but I know who they must be. They're the ones who never lose their car keys or forget to pay their phone bill. They're the ones who keep their New Year's resolutions and who carry copies of the class syllabus with them. They keep

can't prove it.

My reputation as a procrastinator has found its way easily into the newsroom, admittedly with good reason.

In the past, I've been threatened with physical violence from editors who don't understand how long it takes me to clean the oily black debris that's hardened between my typewriter's keys. It's amazing the fascination such a task will take on when there are things I ought to be doing, but don't want to.

To them, I'm the embodiment of the two-week semester.

That's why they liked it when I

*Doing things in advance
would have been efficient,
boring, unchic.*

good records and file their papers in neatly labeled folders.

They are the kind of people that make others feel sick — or guilty.

The folder method I tried once, thought it would make my job as features editor easier if I got organized.

But someone left a root beer bottle on one of the folders and left rings of water that made the paper draw up, and the water leaked onto the paper inside and made the words run together, making that paper draw up, too.

Another of those folders, I suspect, was used to prop open a door at the end of the hall. But I

carted in a tower of books and note cards and magazine clippings for a paper on Edgar Allan Poe.

They were still chuckling at 5 a.m. when I sat bleary-eyed at the typewriter, my hair showing the tracks of fingers that continually raked through it in desperation.

They thought I was too intently probing "The Tell-Tale Heart" for meaning to notice the braver ones who snickered and approached me to ask when was this one due. I was at least cool enough not to ask them what the hell they were doing there at 5 a.m.

I vaguely remember sitting at the sports desk amid a flurry of

3-by-5 cards, two reporters gingerly looking for a letter "somewhere under all this mess."

The disillusioned aftermath now lies in disarray about the office, like a bad dream that won't go away. Edgar Allan Poe remnants are scattered like splinters, the note cards teeter on the edges of waste baskets and tumble onto greasy-bottomed sacks and salty tin foil crumpled at the corners. I consider celebrating the end with a huge bonfire, or at least with a trip to the dumpster.

It's worse than a couple of weeks ago when someone cleaned my desk after deciding it would make a bad impression on a number of visiting high school journalism students.

Someone should have stopped me — should have taken me by the shoulders and shaken out the indifference. But, I guess, they were too busy trying to get their own term papers written.

A few days ago, someone scrawled on a half sheet of paper a throw-away line I'd muttered. Something about each semester being like a mighty tide that carries you away.

I've found that no matter how hopeless a situation, a certain solace comes with the knowledge that, at least, you're not alone. I guess it grows from the superhuman veneer of skill that's supposed to appear when you reel off a ream of assignments in record time. Like an athlete's trick of making it look easy.

Doing things in advance would have been efficient, boring, unchic.

I once tried to take off 12 pounds in a weekend by evaporating the fluids out of my body.

That never worked either.

Right, Mrs. Dobernic explains how to bathe a patient to a volunteer training class.

Being With



Above, Dr. Elsie Dotson of Western's psychology department talks to volunteers about coping with the emotional burden hospice brings. Right, Judy Dobernic comforts Pearl Miller, whose husband is dying of cancer.



Continued from Front Page

ly, animatedly, the whole time, telling Henry about how cold the weather's getting.

Mrs. Miller, dropping the gracious hospitality she offers visitors, whispers to Judy about the doctor's latest diagnosis, how they took away the intravenous tubes because they couldn't find any veins.

Judy steers the conversation — meshing serious discussion about Henry's worsening condition with chit-chat about Mrs. Miller's five grown daughters and son, the weather, the afghan.

"You won't believe what the children have done," Mrs. Miller tells her eagerly as they sit down to catch up on the past few days' news. "They painted my bedroom walls and the half-bath, and have rearranged the furniture."

"How do you feel about that?" Judy asks.

"Oh," Mrs. Miller hesitates, "I don't know."

"Sometimes that's good," Judy says kindly, "it makes it a little easier if there's a change. . . after

something like this."

Mrs. Miller shakes her head and fingers her plaid wool skirt, "I know, I know. . . But it's hard to go home." A crumpled Kleenex instinctively goes to her eyes as her voice breaks. She apologizes for crying.

Squatting next to her chair and taking her hand, Judy lets her know it's OK to cry — that it helps.

"There's nothing any of us can do but take it one day at a time and see what happens."

Earlier, on the phone, Judy talked about how close she's gotten to the Millers, how painful it is to see such a close-knit family face hearing — for the third time — that their father and husband would not live through the week.

"They're all going through hell," she says softly. "They really are."

The volunteers and coordinators of Hospice of Bowing Green, Inc., sum up their work with two words: Be with.

The people they administer to are dying — and their families

have often worried themselves sick from either denying the truth or from thinking about it too often. Being there, volunteers say, is really all anyone can do.

"We are not there to tell the family, or the client, what to do," says Bob Wurster, an English teacher at Western who is the lay volunteer coordinator. "We're there to do what they want us to do. We have to listen. . . Most doctors aren't trained (to treat the terminally ill). They say, what can we do? We say we know what to do — we can sit and hold a patient's hand."

Dr. Cicely Saunders, who is considered the founder and leader of the international hospice movement, has described a hospice "as a skilled community working to improve the quality of life" for terminally ill patients and their families.

Forming that "skilled community" isn't easy. Potential volunteers must complete 13 weeks of training; and those who complete it and receive patients often end up spending time with a family for a year or more. Even volunteers



who don't have patients have support group meetings to attend, business to keep up with.

But it's necessary, they say, to help patients and families see death as a logical step in the circle of life — rather than as a tragic ending.

At least two volunteers are assigned to each patient, a nursing volunteer and a lay volunteer. A doctor makes the initial assessment of the patient's condition, then the volunteers team with a pharmacist, clergyman, social workers and other hospice coordinators to plan the best strategy for meeting the patient's emotional, physical and spiritual needs.

Setting up the program took about a year, according to Lucy Juett, who was not an initial "founder" but is now the executive director.

A hospice workshop here by a state health agency — and the availability of a Kentucky Cancer Commission grant — spurred Bowling Green's program, she said. The \$10,000 grant was funded through the Bowling Green Health Department, but was cut

out of the budget before it could get established.

But with the community's support, the program was established anyway, and Hospice of Bowling Green was incorporated as a private, non-profit organization in 1981 and took its first patient last spring. Since then, about 50 volunteers have been trained, and 25 more will "graduate" next week. There have been about 20 patients since January.

The hospice has gotten by on donations from numerous organizations, professionals such as an attorney and a pharmacist who have donated their time, and companies that have donated services. Expenses come in the form of training materials and liability insurance — families must pay for any medications or supplies. The hospice has no paid employees, but that will likely change, Ms. Juett said, because beginning next year the hospice will receive United Way money.

There are requirements: A doctor must have determined that a

patient will die within six months, and the patient and all family members must know of his pending death.

Hospice's "pain management" is different from what a doctor would prescribe for a typical patient. A terminally ill patient need not fear becoming dependent on a habit-forming painkiller — it's much more important that they be comfortable, Ms. Juett said.

"Our emphasis is on life, not death. . . . We tend to think we're not helping anyone if we're not helping them cope with death. We need to help them cope with life — let them know that their last days should be quality days."

Bob Wurster leans over, almost out of his chair, and waves his hands as he tries to explain how working with hospice has filled an empty place in him.

"I always felt so parasitic about Bowling Green," he says, "that I was just taking and taking and not giving anything back. . . . I felt

qualified — that maybe this was for me.

"And oh, it has been, it has been."

Ironically, Wurster took the job as lay volunteer coordinator — matching patients with non-medical volunteers — because he didn't want to have a patient.

"I didn't feel ready for it," he says.

Then in July, Ms. Juett called him. There was a 16-year-old boy with a brain tumor whose family needed help.

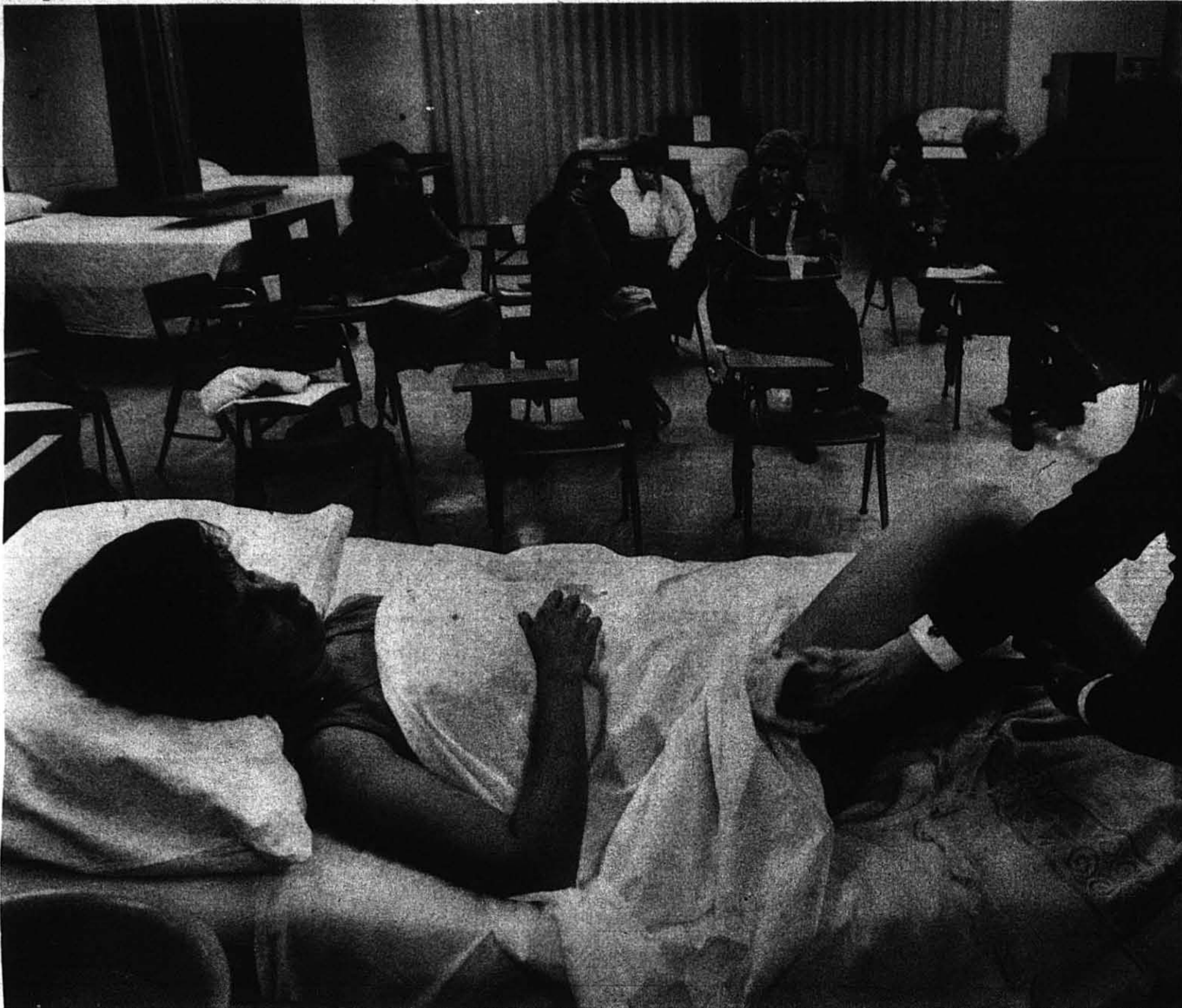
"My heart said to do it: my guts said don't. Then I thought, 'Oh, just dive in.'"

Four months later, he was attending the boy's funeral.

For Wurster, those four months shed light on what he had been working toward; it reaffirmed the philosophy he had absorbed from a class on death and dying and from his own brush with death.

In his tiny Cherry Hall office, tidily packed with Oriental statues and hangings, Wurster said that, if anything, watching a young person

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Being With

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die was easier than an older person.

"It is a heavy, heavy trip," he says emphatically, then softens. "But then the death of a child — their quality of life has often been so much better."

They don't have as many regrets, he says.

Even so the lonely trips he'd make to the family's home in Scottsville sometimes overpowered him.

"I'd get more and more depressed," so he'd stop at a close friend's house to play with his children. "Just to get in the middle of the floor and play with those girls, it reaffirms the feeling of

life."

To most of the nursing volunteers, however, death has been a part of their job for years, a fact of life. And though that sometimes makes it easier, Elizabeth Bailey, who has had two hospice patients, said it still hurts.

"Some say, 'Oh, you've seen death so many times it doesn't bother you.' But it does — it certainly does. Anytime I see a family grieving . . . I certainly grieve with them — they're going to be separated from their loved one physically, forever."

"But," she paused, "death to me — in some respects — is a birth."

Perched in a country-style wooden rocker, the petite woman's eyes snap with her philosophy about the living, the dying, and how to treat them.

"For so long the dying person was shut off in a room — nobody would pay much attention to them. Since they were going to die, I guess they said, 'Why bother with them?'"

"But (the patient) can have input into their care, they can help make

decisions. They should not be excluded from making them. I'm for letting the family stand there and hold their hand — right up till the minute they die."

For 2½ months Mrs. Bailey helped a wife care for her bedridden husband. He wasn't sure he wanted any help, at first, but she said she let him know she was there if he wanted to talk.

"And he really did open up toward the end," she said. "He was able to open up about final arrangements, putting things in order. That's basically what I think many dying people want to do — put things in order."

"They want to say their good-byes. They don't want that long lost cousin to come in and go along like she'll see them next year."

Now she's in the mending stage of hospice care — helping this woman, who was married for 48 years, live with the fact that her husband is dead.

She tries to see her at least once a week, and usually calls every other day or so.

"When I called the other day

and asked her how she was doing, she said, 'Oh, I'm just down.' . . . And I told her that's all right."

"That's what people want to know more than anything," she adds, "that it's perfectly all right to cry, to feel angry. . . . So many friends will come in and say you have to get back into the swing of things. . . . But you don't have to right away. Grief's a healing process, and it has to be worked through. If you repress it, it only comes back later."

Donna Pankratz, the nursing coordinator, summed up the task that volunteers face every time they visit a patient: "Sometimes, you think, 'Today, I've got to go and help this family make funeral arrangements. . . but you walk in and your timing's just not right. You've got to change what your goal was and meet their needs, meet them where they are.'"

"As a hospice volunteer, you have to be ready to punt — or to back up and regroup your thoughts and start over."



Left, Pat Gerbic washes Judy Dobernic's leg at a hospice training session. Above Christine Walton wipes Jeannie Willingham's face as practice for volunteer training.

Below, Pat Gerbic demonstrates how to wash a patient's face.



The 25 people stroll amid the display of caskets, fingering the mattresses, talking about their preferences as if they are shopping for a new car.

A cloth-covered casket with a straw-stuffed mattress runs \$300; the solid copper model with tufted-velvet lining, \$3,000.

One woman gasps at the price of a solid-wood casket and shakes her head.

"I swear," she says, "It shows you the preoccupation society has with death. They don't make furniture that nice."

But that evening — and for the past 13 weeks — the group of hospice volunteer trainees have had to preoccupy themselves with every aspect of death, the emotions and even the technicalities that surround it.

Before looking at the caskets, they had listened to Gene Vaughn, manager of the Arch L. Heady Funeral Home, exhaustively explain the embalming process, rows of

orange, red, purple and green chemicals and equipment displayed before him.

"These give as close to lifelike an appearance to the human body as possible," he says matter-of-factly, holding up a bottle of purple formaldehyde. "Some people need to stand and look at a dead human being and reminisce, cry, bring out their guilt and anger. . . If that person's psychological make-up means that's important for him, then we have a responsibility to help whatever attitude the person has about it."

The setting: the funeral home chapel, an olive green, death-like glow hovering over the trainees sitting in the wooden pews.

By the time the volunteers left, they were also well-versed in the details of ground burial, cremation and the legal aspects of death.

The Tuesday night before, the volunteers took turns brushing each other's teeth and washing each other's legs, hauling each other in and out of hospital beds in the Academic Complex.

"For me, this is the hardest part

of all," said Kurt Walker, a trainee, as he lay down to have his teeth brushed with a small sponge. "Ever since I was a little kid, I have never really had to depend on somebody. This is a brand-new life experience for me."

The hospice volunteers are often placed in the family's or patient's shoes.

Always, there's an endless stream of tips on how to be a "resource person." Whatever they need, you should at least be able to provide a referral, they are told.

But essential to the 13-week training is this, Ms. Juett said: "We emphasize that you as a volunteer need to face your own death. It's important that you experience your feelings toward that — that you're able to get a glimpse of how they might feel."

But Michelle Buscher, a trainee, said she gets frustrated with the exercises and assignments. That week, they were to imagine they had only three months to live.

"I just get so tired of thinking about my death or John, my husband's, death. We've only been married five months. . . I'd rather think about our life."

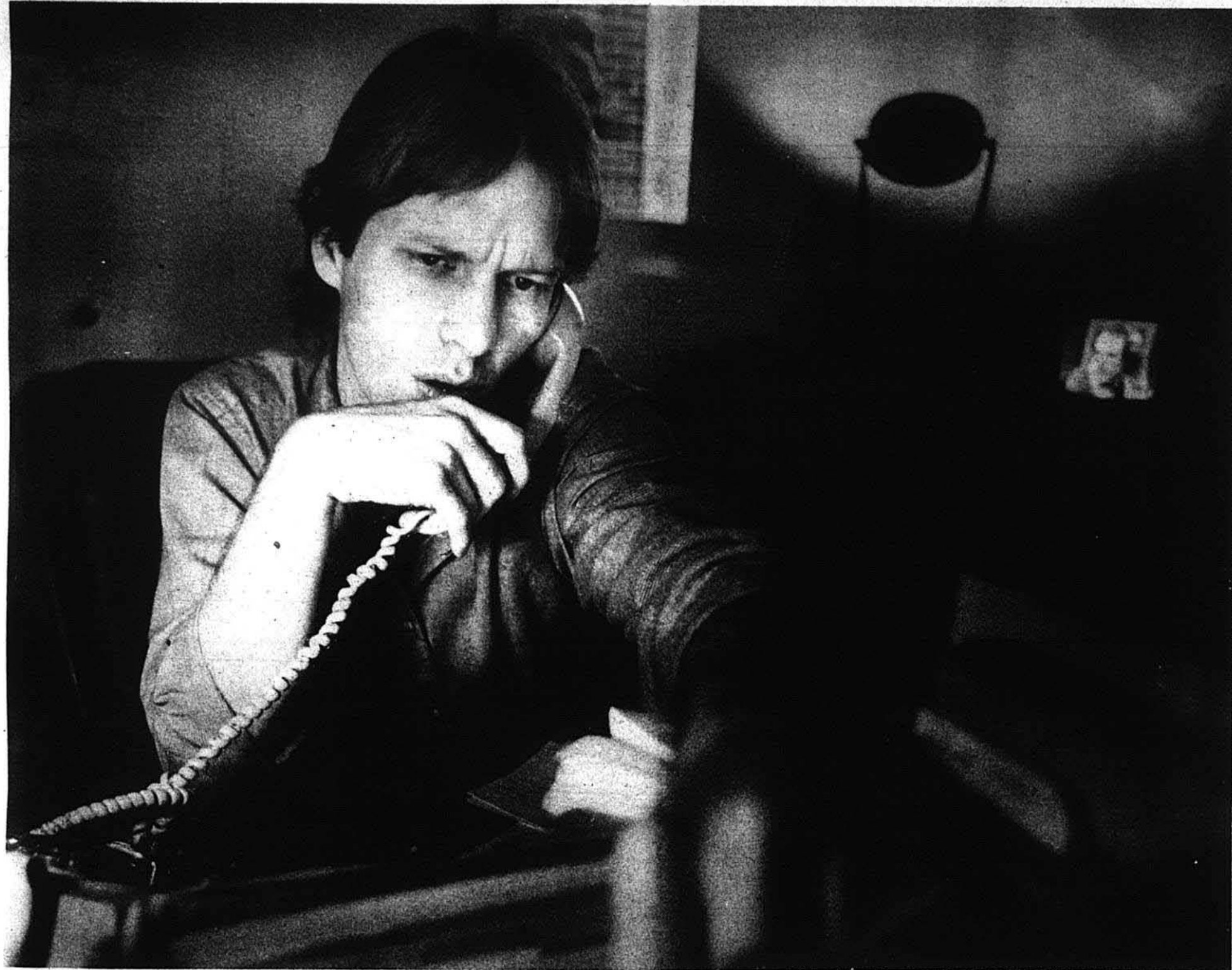
"I guess it does do some good, but I don't think anybody can imagine what they are going through. You can try, but I don't know if it's doing a lot of good."

Hospice has made it easier for Mary Simpson to talk about her husband's death.

A year ago she wouldn't have guessed she could be so frank about it — could recall it in such detail.

But she does. She sits on her living-room couch, pulling the pendant on her necklace back and forth, back and forth. Her husband had checked with the doctor about a cough one week, she says, and by the end of the next week he had undergone extensive lung surgery and was told he had only six months to live.

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Nason talks with a Help Line caller. Many callers seek information, but more time is spent with callers who need a good listener.

A Social Awareness

Dean Nason's work at the Help Line reflects his social consciousness

Story by Erica Smith

Photos by Kim Kolarik

Dean Nason's telephone is his living.

It sits, always within arm's reach, on the long table that spans his tiny office.

It is his line to those who heed help.

His voice, a hybrid of his Pennsylvania and Kentucky backgrounds, tenses as he picks up the phone. "Hello, this is Help."

A mother worried about her son calls the Help Line for Nason's advice.

Between muttered "OKs" and suggestions, he jots notes on a log sheet the Help Line uses for statistics.

He leans back in his black and

red swivel chair and tells the woman, "It's a fairly complicated situation. If he was 16 or 17 you could exercise some control... But all you can do is what you've done — try to talk some sense into your son."

The office is dimly lit, as if to conceal the identity of the caller. As Nason immerses himself into the conversation, the gestures of his left hand create shadows on the carpet.

"The best thing you can do is be there if he needs you, to give your opinion on matters. It's a sad part of life sometimes; your children grow up and must be responsible for themselves."

Nason, who graduated from Western in 1976 with a sociology major and a psychology minor, has taught here part time since he completed his master's in 1979. Even though he might some day like to teach full time, it's the

Help Line that takes most of his attention now. He's worked there for two years, the first year part time.

When Nason works there, he practically lives in his office. As the 24-hour line's only full-time counselor, he stays there almost continuously for eight-hour shifts. He leaves only to bring back lunch — if someone qualified is there to replace him.

He takes his work seriously, but he doesn't let it weigh him down.

"You can't let it bother you too much," he says. "But if some one calls and says, 'I've just taken a bottle of pills' and then hangs up — and you can't find them — then you take it home with you."

"You'd go nuts if you went home thinking about all the problems people have."

So he doesn't.

It's a Saturday night, and Nason and some friends are at Johnny

Lee's restaurant and bar in the Greenwood Mall.

The music — country, folk and rock — is loud; Nason is sprawled characteristically in one of the padded chairs.

Nason, 28, doesn't draw attention to himself. In fact, when he talks about himself, he does it reluctantly. Always the sociologist, he prefers watching, not being watched.

"It's hard for me to characterize myself," he says slowly. "I guess I'm pretty much introverted around people I don't know well — teaching and the phone help. With good friends and stuff like that, I get pretty extroverted. I cut up a lot more and engage in various bizarre types of humor."

"As an adolescent I was really shy and introverted, to the point it was not healthy. I'm not the most confident person now," he says, "but... my opinion of myself is

*'And if I were in my pessimistic mood,
I'd be talking about nuclear war
and some clown stabbing me in the back
some night when I'm walking
from the Help Line.'*



Nason, a part-time sociology teacher at Western, above, is the Help Line's only full-time counselor. When the phone is not ringing, Nason reads, watches television or updates caller statistics.



probably a lot better than it was 10 years ago."

That slight lack of self-confidence is evident to visitors in his office. His smile is slow at first, and he receives strangers warily. He's even quiet around casual acquaintances — a carry-over from his adolescence.

But as friends who work at the center drop by to talk, and as he gets into a subject he enjoys — society's problems — he relaxes. He stretches his long legs and scratches his stomach.

As he speaks, he prefaces many of his statements with, "If you want to know my honest opinion — and it's just my opinion . . ."

"There's something going on in society, some very disturbing things," he says. "It's not just that people are getting killed — there's always been violent crime — but the bizarre ways. This Tylenol thing — some nut goes around poisoning people."

"It just seems everyone's cheating when they can. Americans aren't ethical anymore — our morals are slipping. . . . People are doing things now they would never have dreamed of doing."

"And if I were in my most

pessimistic mood," he continues, "I'd be talking about nuclear war and some clown stabbing me in the back some night when I'm walking from the Help Line. But I try not to think about that."

So he turns the conversation to politics.

He's skeptical.

"In the past 24 years we haven't had a president who's succeeded himself to complete two terms. We're not satisfied with it. That's another sign of the instability."

But then he laughs, stretches and scratches his stomach again. "You can do your small part," he says, referring to the Help Line. "But from a sociological view, you have to join some powerful interest group. One vote makes no difference."

Although Nason grew up in the 1960s, he says those years didn't affect him, as they did some people. Watching anti-Vietnam demonstrations on TV is about as close as he ever came to being an activist, he says.

Yet Nason carries the mark — the increased sense of social responsibility — that often characterizes people who grew up in those times.

And he feels a certain responsibility about his job that keeps him going, even when he gets a bit frustrated. "It's your job and you listen to people, and you help them the best you can — even if you're not in the mood."

Nason comes from a family conscious of society and its problems. One of his six brothers is a clinical psychologist; another is a social worker; a third has a master's in sociology.

He doesn't recall any conscious decision to become a sociologist. But he remembers "Hotline," a movie in which a man who says he has a gun to his head keeps calling — and finally the counselors, tired of listening to him, challenge the man to shoot.

He does.

"I would never say 'go ahead and do it' — even if I knew it was a prank," he says. "You treat (suicide) seriously . . . to the point where people (pulling pranks) are laughing in the background. I'll treat it seriously till I'm 100 percent sure."

"Even then I'd never tell them to do it — I'd tell them to repeat their story and try to catch them that way."

Nason has had his share of real suicide threats.

The first two came in at the same time — on his first day working alone on the Help Line. He tried to talk with both the callers, putting one on hold for a few minutes to talk to the other. "I think I talked with one for two hours after the first one hung up."

He learned a lot that night.

"I don't think there's anything that really prepares you for that. It's one of those jobs where you learn with experience," he says.

One woman called after she had taken a handful of pills, Nason said. She refused to give her name, address or phone number, and lost consciousness for a little while.

"I kept talking into the phone. I couldn't get any response for four or five minutes," Nason says. "Then she came to consciousness and somehow hung up the phone."

"I don't have the slightest idea what happened. And you start to think, what could I have done differently? You have to tell yourself they were determined to do it."

"There are some times when you feel you really have helped some-

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A Social Awareness



Sarah Peish and Judy Ruskin visit Nason in his office.

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one — though I can't say they happen every day. Sometimes they'll even tell you that you really have helped. That makes you feel you're not just collecting a paycheck."

He shrugs. "Sometimes you feel you didn't help someone."

He speaks again of the woman who threatened suicide. "I even started looking through obituaries because I never knew what happened," he says. "But that's self-defeating — to find you were the last person they talked to. Most of the time you try to not let it bother you."

Whether the Help Line is worthwhile is what Nason calls a value judgment. "It gets into almost a philosophical question," he says. "If they'd seen me on a busy day, they'd say, 'I'd never want your job.' But if Ronald Reagan came in today and saw what I'd been doing all day, with the exception of these few calls, he'd think it was crazy — another social service that was unnecessary."

"If I get only one call a year and it's a suicide, and I manage to save their life. . . . You know, is it worth it? Is it worth \$10,000 that I saved someone's life?"

"I'd say it's worth it."

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Mary Simpson's husband was the first hospice patient.

Being With

Continued from Page 7

But he lived twice that. And for a long time, Mrs. Simpson, 69, said she had to struggle on her own, had to learn quickly about pain and medicine, countless trips to a Nashville hospital and how to soothe a dying person's mind.

Carol Neessen, a nursing volunteer, began helping her. It was the first patient that hospice had taken.

It filled an important gap, she said, because she had been having a hard time talking to him about the truth.

"It was kind of hard for me to say anything about it," she recalls. "It was really hard. I just went day to day. I was so busy. I couldn't think a lot — you just go on nervous energy, you don't really know how you feel at the time."

"But Carol tried to explain to him that he wasn't going to get well. And he'd say he'd rather not live like a vegetable . . . But when you get down to being you, you can say you're ready to go."

"The way I felt about it, it seemed like she could sense when things weren't going well, and she'd be there in just a minute. I really don't know what I'd have done, because I don't know how many times he'd say, 'Call Carol and tell her to come.' . . . I think he felt like when she came in, that he was surely going to feel a little bit better."

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and
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